DOCUMENT RESUME

ED 251 475 TM 840 516

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TITLE An Evaluation of the Area Reading Centers: A Study Conducted through the DCPS/University System Collaborative Effort.
INSTITUTION Dade County Public Schools, Miami, FL. Office of Educational Accountability.
PUB DATE Jun 83
NOTE 24p.
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS College School Cooperation; *Cost Effectiveness; Elementary Education; *Program Effectiveness; Program Evaluation; *Reading Centers; Reading Diagnosis; Reading Instruction; Time Management
IDENTIFIERS *Dade County Public Schools FL

ABSTRACT

This evaluation focuses on the efficiency and effectiveness of the four area reading centers of the Dade County Public Schools and their satellites. Data were collected during three days of visiting the centers. The principal conclusions of the study were: (1) the cost of the centers is high; (2) the number of students served is small; (3) the type of services offered at the centers does not differ appreciably, except in student-teacher ratios, from those available in the regular and compensatory programs; (4) the diagnostic techniques and instruments used in the centers are generally either out of date or of limited scope; (5) time spent transporting students to and from the centers results in a substantial loss of regular instructional time; and (6) there is insufficient supervision of center instructional staff and the lines of authority/responsibility lack clarity and consistency. The basic recommendation was to disband the centers at the end of the 1982-83 school year and redeploy existing staff to provide direct instructional inservice and diagnostic support to regular and compensatory students and teachers. (BW)

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DADE COUNTY PUBLIC SCHOOLS

AN EVALUATION OF THE AREA READING CENTERS: A Study

Conducted Through the DCPS/University System Collaborative Effort

U.S. DEPARTMENT OF EDUCATION
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TM 840 516

OFFICE OF EDUCATIONAL ACCOUNTABILITY

June 1983

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PREFACE

This report focuses on an evaluation of the four area reading centers. The principal author of the report is Dr. John Lunstrum, Professor of Education and (past) Director of the Florida State University Reading Clinic. Dr. Lundstrum's services were engaged as part of the Dade County Public Schools/ State University System collaborative effort and were paid for by Teacher Education Center university hours. A total of 80 university hours were devoted to the reading center evaluation.

Dr. Lunstrum's services were requested for two reasons. First, the area reading centers have been given high priority in the evaluation needs assessments for the last several years. Second, in the past, the Office of Educational Accountability has examined several years of Stanford scores for reading center students. In the opinion of Office of Educational Accountability staff, the Stanford data could not be used to make an unequivocal determination of center effectiveness for reasons noted below.

Based on Stanford scores two years prior to center participation, the students showed substantially lower rates of skill development (reading, and to a lesser extent, math) than similar students districtwide. In the year immediately prior to participation, the growth rates were still below average, but less so. During the year they entered the center and the year immediately following their exit, the participants' growth rates were average as compared to that of students with similar levels of skill, but the earlier "losses" had not been regained. Whether center participation or a natural progression was responsible for the pattern could not be determined. For this reason, the decision was made to secure the help of an acknowledged expert in remedial and clinical reading instruction and in reading clinic administration.

The conclusions and recommendations that follow are abstractions from and additions to Dr. Lunstrum's report, made by staff from the Bureau of Education and the Office of Educational Accountability. Staff also made minor contributions to the complete report. The major portions of the report are, however, Dr. Lunstrum's.

CONCLUSIONS

This evaluation focuses on the efficiency and effectiveness of the four area reading centers and their satellites. The principal conclusions of the study are listed below.

1. The cost of the centers is high; the average annualized cost per-student per-year for the (approximately) forty minutes of instruction four days per week is slightly over $900, as compared to the full-day, regular program cost of $1,800 to $2,000.

2. The number of students served is small; approximately 500 students are served as compared to the 2,000 to 4,000 per grade who meet the centers' selection criteria.

3. The type of services offered at the centers does not differ appreciably, except in student-teacher ratios, from those available in the regular and compensatory programs.

4. The diagnostic techniques and instruments used in the centers are generally either out of date or of limited scope; state-of-the-art instruments and techniques are not used.

5. Time spent transporting students to and from the centers results in a substantial loss of regular instructional time (40 minutes per day or more) except for those students from schools adjacent to center grounds.

6. There is insufficient supervision of center instructional staff and the lines of authority/responsibility lack clarity and consistency.

RECOMMENDATIONS

The basic recommendation is to disband the centers at the end of the 1982-83 school year and redeploy existing staff to provide direct instructional in-service and diagnostic support to regular and compensatory students and teachers. Accomplishing this recommendation will require the specific actions listed below:

1. Assign the 13 teachers and 4 secretaries to the Reading Office, but have them report to the appropriate area office. The district reading supervisor will provide general programmatic supervision; an area line director will continue to provide day-to-day supervision. Designate 13 teaching positions as reading resource teachers.

2. Delete the existing teacher aide position ($8,306); convert the part-time instructors' salaries ($10,163) to incounty travel; allocate $5,000 of the current $9,858 materials and supplies funds to the Reading Office for the centralized purchase of diagnostic instruments; allocate the remaining $4,858 equally to each area office.

3. For the first three weeks of the 1983-84 school year, have the reading resource teachers report directly to the reading supervisor and/or the TEC for retraining in diagnostic techniques, RS/VP, and the Chapter I and State Compensatory Education instructional programs. At the beginning of the fourth week, begin support services to schools.

4. By the opening of school, have the reading supervisor prepare a detailed list of services to be provided to the schools by the reading resource teachers. These services, at a minimum, should include training in diagnostic/remedial strategies for regular and compensatory program teachers, short-term remedial services for students with severe reading difficulties and diagnostic and referral procedures to be used in detecting clinical reading problems that can best be treated in the L.D. or State Compensatory Education Programs.

5. Prior to the end of the 1983-84 school year conduct an administrative review of the reading resource teachers' activities and services. Part of this review should include a plan for expansion of services into secondary schools during the 1984-85 school year.

Dade County Public Schools
Office of Educational Accountability

AN EVALUATION OF THE AREA READING CENTERS:
A Study Conducted Through the DCPS/University System Collaborative Effort

Prepared by the
Office of Educational Accountability

Dade County Public Schools
June, 1983

REPORT ON READING CENTERS IN THE DADE COUNTY FLORIDA SCHOOL SYSTEM

The purpose of this study is to analyze the operations of reading centers (sometimes called reading clinics) in terms of the objectives and the needs of the Dade County School System.

BACKGROUND

Four reading centers were established in the mid 1960's. No documents providing rationale or objectives of the centers were available for analysis. Each center or clinic is presently located in one of the four administrative areas of the Dade System. Some centers attempt to serve as many as 44 elementary schools. In general, no systematic effort is made to work with pupils from middle or secondary schools owing to staff and facilities limitations. Some centers were disestablished a few years ago by one of the past superintendents. Others remained in existence owing to pressure from parent groups.

All center personnel were most cooperative during the present study. The head teachers and their staffs appeared dedicated to the task of helping children with reading problems.

The criteria established to determine admission and the diagnostic and remedial services provided by the centers may be summarized by the following:

(a) student must be retarded in a number of reading skills (by one year or more in the primary grades or by two years or more in the intermediate grades),

(b) the child has had normal opportunities for learning, and

(c) the child has continued to show this degree of retardation below his estimated capacity despite corrective efforts over a period of months.

A student <u>may not be referred</u> if any of the following situations exist:

(1) his needs can be met within a remedial group in the school,

(2) he has difficulty with a single reading skill, such as reading rate or comprehension,

(3) he is functioning on a reading level which permits him to participate reasonably well in school,

(4) he has a lack of English language facility,

(5) he is in or is recommended for learning disability or other special class placement, or

(6) he is achieving at a level reasonably close to his capacity.

Frequency and duration

Remediation/correction typically takes place in small groups of from one to five students working with a teacher. The typical teacher load is from 20 to 30 students. Instructional services are offered four days per week. One day per week is reserved for diagnostic testing of students in other programs, some of whom are prospective center participants.

In three centers, students attend four days per week; in another, two sets of students are served two days per week. The length of time a student participates in a center varies substantially from one location to another; the model length of service ranges from three to six months at one center to two years or more at another.

The instructional periods also vary by center. Two centers schedule seven 40 minute and one 30 minute periods per day. A third offers one 35 minute and seven 45 minute periods. A fourth uses six 40 minute periods.

Transportation to and from the centers is problematic in terms of lost instructional time, except for students in schools adjacent to center grounds. As many as 30 percent (or more) of the participants come from a center's "adjacent school." For other students, the minimum transportation time (lost instructional time) is close to 40 minutes per day; in the case of schools eight to ten miles away, daily transportation time may exceed ore hour.*

The number of students served varies by center and time of year, ranging from 121 to 175, the higher number representing the center which serves two sets of students. The typical number served during the middle of the school year averages between 95 and 125 per center, or about 500 per year.

Finally, the average annualized cost per student per year is slightly over $900, almost one-half that of a regular FTE.

Sources of Information

The findings which follow were based on three days devoted to visiting centers. The following sources of information were utilized:

(a) interviews with all head teachers,
(b) examination of representative diagnostic reports of pupils,
(c) analysis of documents prepared by the centers describing their mission and services,
(d) discussions with selected area directors who have some measure of responsibility for the centers,
(e) interviews with selected principals of elementary schools adjacent to reading centers,
(f) observation of clinical teaching of reading skills in the centers,
(g) examination of reports provided by each center, and
(h) 1982-83 tentative budget.

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*Transportation is usually the responsibility of parents, but one center has limited funding to support such costs for underprivileged students.

FINDINGS

1. There is a great deal of confusion concerning lines of authority and responsibility in the administration of the centers. In some instances the head teacher appears to be primarily responsible to the principal of the elementary school in which she/he is located and at the same time may be held accountable by the area director.

2. Reading centers, as presently managed by head teachers, seemingly have gained substantial autonomy, possibly as a result of the confusion in the lines of authority and responsibility. While autonomy may be associated with initiative and enterprise, it is not an unmixed blessing. In this case, it appears to shield the centers from constructive professional evaluation and direction by district personnel qualified to supervise clinical reading programs and staff. Wide variation in programs, length of student assignment to a center, and amount of instructional time per week illustrate the lack of a clearly defined process and/or the lack of programmatic supervision.

3. In general, the diagnostic instruments used were limited in scope and some are out of date. A kind of conventional wisdom about testing appeared to prevail in most centers. For example, several centers were making use of: (a) Stanford Diagnostic Reading Test (SDRT), 1966 edition, (b) Diagnostic Reading Scales, 1973 edition, and (c) Silvaroli Classroom Reading Inventory, 1976 edition. In the first case, while the SDRT of that vintage was useful at one time, it has undergone significant revisions, and clearly the application of 1966 norms in judging performance today is not appropriate. In the case of the second test, serious limitations have been noted by reviewers. Revisions were made, and a 1981 edition is now available. In the third example, the author of the test, Nicholas Silvaroli[1], has conceded in his new 1982 edition that his previous inventories (in use in some centers) suffered from the presence of a number of passage independent questions.

   Finally, none of the staff in the centers seemed aware of one of the most promising and widely discussed diagnostic tools to emerge from psycholinguistic research in the past decade: the reading miscue analysis of Goodman and Burke.[2]

   The diagnostic models or plans employed appeared to be highly traditional in the sense that they were characterized by: (a) a heavy emphasis on decoding skills, (b) a limited assessment of comprehension skills and (c) only a cursory treatment of the affective area (self concept, attitude, etc.). There appeared to be only limited recognition of the importance of evaluating content reading skills, in spite of the fact that research has disclosed that children may have difficulty at the intermediate level in effecting transfer of basic developmental reading skills to content area reading requirements.[3]

4. Based on the foregoing observations, it follows that there is a clear need for inservice training if the present organization structure is retained or if modifications are made.

5. Notwithstanding the commitment and hard work by reading centers personnel, it is abundantly clear they are not reaching large numbers of children who meet their criteria and need their assistance. When questioned about this, one area director countered with the argument that the value of the admittedly limited service provided by the centers was not diminished by the fact that only a relatively small number of pupils could be served. The difficulty with this argument, however, is that it overlooks the likelihood that large numbers of reading disabled children are excluded by socioeconomic factors i.e., both parents working, lack of adequate transportation, etc. Even when a conscious effort is made to provide transportation with school funds for children of low income families (as in the North Central area), only approximately 100-125 children can be served out of a vastly larger potential pool in the 44 or so schools a center is officially serving.[4]

   There is a need to examine objectively in terms of cost effectiveness the relative merits and consequences of:

   (a) continuing the present structure/maintaining the status quo, and
   (b) alternative courses of action including modifications of the present structure.

Alternative Courses of Action:

The problem facing the Dade County School System is to make the most effective use of its resources (including professional skills and funds) in providing diagnostic reading and remedial services for elementary pupils. Three alternative proposed remedies are examined in this report. For each proposal there is a brief explanation or description followed by a justification (or basis), and an analysis.

I. Retention of the present system of Centers while providing for gradual change

   Description: This proposal would retain virtually unchanged the present organizational structure of the four reading centers but at the same time provide for the updating of materials and the skills of the staff and the expansion of services to serve more pupils.

Justification: There are undeniably strong pressures in the school system to retain the present pattern. The teachers in the centers are conscientious and hardworking, and they appear to have the respect of their colleagues. Some principals and possibly some area directors would prefer to see the program continue to function as it has in the past. Probably support could be mustered from a small but vocal clientele of parents of students served by the centers. Consequently, it might be argued that it is more politic to make gradual changes to strengthen the present system and to make it more efficient.

Analysis: Apart from political considerations, there are simply no sound reasons for maintaining the centers as presently constituted. They represent a sizable investment in public monies and professional talent which yield only minimal benefits. In short, the benefits (services of the centers) presently go to only a relatively small number of students out of the many who qualify for remedial assistance in reading. There appears to be no rational policy to determine the allocation of services to clients. Whether a pupil who needs assistance in reading actually gets to the center appears to be largely a matter of chance (e.g. where his school is located, whether his parents can provide transportation, or whether his principal is sufficiently resourceful to find transportation for his pupils).

To continue the present system without significant changes would be to perpetuate a system of doubtful educational value. This is not to say that dedicated teachers may not help some pupils (as they undoubtedly do), but recent extensive research conducted at Michigan State University's Institute for Research on Teaching points to serious limitations in the diagnostic procedures followed by reading specialists. This research indicates that there is very little consistency in diagnostic findings of various specialists. This means that the same pupil with a reported reading problem would be diagnosed differently by different diagnosticians. Further, the treatment prescribed would also vary from specialist to specialist. After six studies of some 66 experienced, well qualified reading specialists, Vinsonhaler[5] and his colleagues concluded: "diagnosis as presently conducted should not be continued." The type of diagnostic performance described by Vinsonhaler is virtually the same as that followed by personnel in the Dade Reading Centers. In fact, the procedures used in the centers are probably less reliable in view of the number of outdated instruments previously reported (see p.2). The marked lack of consistency in diagnostic performance casts doubt on the effectiveness of remediation based on such diagnoses.

The above noted findings should not have come as a great surprise to reading clinicians. As early as 1955 Spache[6] was voicing apprehension about the observed "widespread lack of integration" between diagnosis and remediation. "In many instances," commented Spache in 1976, "it seems that the two processes (diagnosis and remediation) are carried on by different persons between whom there is a distinct lack of communication."[7] Teachers can take some comfort in the fact that other profes-

sionals have been plagued with the same problem of lack of diagnostic consistency. For example, it has been reported in the diagnosis of various psychiatric disorders, agreement at chance levels is not uncommon.[8] Still, given the emphasis placed on success in reading in schools, parents and administrators have a right to expect a higher level of performance by reading specialists.

II. Reading Diagnostic Teaching Laboratories

Description: This is essentially a proposal to retain much of the present structure. However, significant changes to address the problems previously identified are incorporated in the concept of the Reading Diagnostic Teaching Laboratories. These changes may be described in the following:

(a) a shift of responsibility for much of the present remedial instruction in the centers to elementary schools where a process of "direct instruction" in reading would be developed,

(b) an emphasis on providing accurate, thorough diagnosis of children with both moderate and severe reading problems,

(c) concentration in the Laboratory on correcting and validating diagnostic hypotheses through short term demonstration teaching focused on areas of need,

(d) utilization of the Laboratory for both small group (5) and large group (15) instruction in reading, utilizing individually prescribed materials,

(e) using the Laboratories for inservice training, introducing new materials, disseminating knowledge about new approaches, and demonstrating research based strategies where classroom teaching conditions might be simulated,

(f) personnel in the Laboratories would assume roles of visiting reading resource teachers implementing direct instruction (to be defined later), and help in improving classroom teachers' diagnostic performance;

(g) reading specialists in the Laboratories would develop parent programs to increase student's reading performance, and/or,

(h) where needed, Laboratory reading specialists would be responsible for training volunteer tutors for one to one assistance in reading in the schools.

Justification: There is a clear and undeniable need for substantial improvement in diagnostic performance. Accuracy in diagnosis can lead to more efficient and effective remedial teaching. (Vinsonhaler's research at Michigan State indicates that with appropriate training diagnostic reliability in reading can be improved[9].)

From the perspective of personnel relations and community/school politics this proposal has some distinct merit. It would be clear to all that the centers are not being disestablished; instead they are being asked to perform even more important services and teachers in the centers are being asked to provide needed leadership in a new approach to a critical problem.

To shift responsibilities for remedial instruction in reading from the centers to the schools may not prove as controversial as it may appear at first glance. First, much remedial instruction must now be going on in some manner in the schools since the centers have been able to work with only a relatively small group. Second, research indicates that carefully organized classroom instruction (characterized as direct reading instruction) can be effective in helping children with reading problems.[10] Direct reading instruction is an orientation that identifies major skills, selects and modifies commercial programs that best teach these skills, appropriately places students in the classroom programs, and presents lessons in the most efficient manner possible. (See Appendix, pp 11-12 for a more detailed description of direct instruction reading as formulated by Carnine and Silbert, and for descriptions of other promising approaches.)

It appears that RS/VP,* the Dade County program already in use in most schools, conforms to the model described as direct instruction and might be used as the basis for an expanded program. The reading specialist in the centers might be "on call" to aid classroom teachers in assessing particularly difficult cases and in implementing the RS/VP approach.

Analysis: Coordinating the efforts of all four centers and expanding RS/VP would be a difficult and demanding task. This is clearly a central office responsibility and would logically fall within the province of the reading supervisor whose office would need to be strengthened by additional personnel.

In general, the chief arguments against the proposal for Reading Diagnostic/Teaching Laboratories are largely economic. Costs would be incurred in:

(a) retraining center personnel to improve diagnostic performance and in their expanded roles,

(b) inservice training for classroom teachers providing RS/VP instruction, and

(c) expanding central office supervisory or coordinating functions. (However, many of the above costs are initial costs required in the installation of a new system.)

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*RS/VP refers to "Reading System/Very Plain." The point to be stressed is the need to examine RS/VP and determine if it might be strengthened by inclusion of features from the models of Waddell, Carnine, and Silbert and Reid (ECRI). See Appendix, pp. 12-13.

Still, there is a persistent logistical problem: how to identify those pupils who need the services of the centers and transport them there as efficiently as possible and in such numbers as to justify the continuing existence of the laboratories. One alternative might be that each specialist in the Laboratory devote at least one day a week visiting designated schools and working with pupils and teachers in the school setting.

III. Central Reading Clinic for Severe Reading Disabilities

Description: This proposed course of action would mean the phasing out of the present centers and the establishment of a comprehensive centralized facility to serve the school system. Its major responsibilities would include:

(a) comprehensive diagnosis and remediation of severe reading disabilities of pupils grades K-12,

(b) counseling parents of reading disabled students, encouraging appropriate support in the home,

(c) aiding classroom teachers in the selection of appropriate materials and strategies to aid students in their school setting, and

(d) research and development in the sense of pilot testing new and promising materials, assessing the effectiveness of microcomputers or computers such as PLATO in working with types of severe reading problems.

The facility would be multidisciplinary in terms of its professional staff although the largest component would consist of reading specialists. Included on the staff (in addition to reading specialists) would be:

(a) speech pathologist,
(b) audiologist,
(c) school psychologist, and
(d) a clinical psychologist.

As indicated in the first proposal, remedial reading instructions would be based in the elementary schools and would conform to the standards of direct reading instruction and RS/VP.

Justification: Severe reading problems all too often do not receive proper attention in a classroom, for students with severe reading disorders place extensive demands on the teachers. Also, students with severe reading difficulties are likely to present behavioral problems, suffer from low self concept, and exhibit various forms of language impairment. Competent, reliable diagnosis must, therefore, be comprehensive, requiring a multidisciplinary team approach. This is a model followed successfully at the Florida State University Reading Clinic located in the Regional Rehabilitation Center in Tallahassee in close proximity to the Speech and Hearing Clinic and the Psychology Clinic. A number of other university-based clinics utilize a similar model, and there is no reason why a large school system such as Dade County with its professional resources (as well as needs) cannot develop such a facility.

Analysis: There would be some inevitable dislocations as personnel were recruited for the central clinic and retrained. Opposition from groups of parents is a likelihood. Accordingly, there is a need for a well designed program of information about the problems encountered in the present system and alternative courses of action; possibly a citizens' advisory committee might be helpful in defusing any misunderstandings. As the centers are phased out, the resulting savings in expenditures could be assigned to in-service training and/other costs. Some opposition to the proposal for a central clinic might be anticipated from any local university clinics. Concerns might be expressed about possible duplication of services and the District's role in research and development.

None of these problems appears to be insurmountable, however, given careful planning and dissemination of information.

Footnotes and References

[1]Silvaroli, N. Classroom Reading Inventory. Dubuque: William C. Brown, 1982.

[2]Goodman, Y., and Burke, C. Reading Miscue Inventory. New York: MacMillan, 1972.

[3]Burmeister, L.E. Reading Strategies for Middle and Secondary School School Teachers, pp. 13-15, Addison Wesley, Reading, Mass., 1978

[4]Reading Clinic Services (Appendix A)

[5]Vinsonhaler, John F. and others, Diagnosing Children with Educational Problems: Characteristics of Reading and Learning Disabilities Specialists and Classroom Teachers, Reading Research Quarterly, Winter, 1983 XVIII, 2 pp.pp. 134-64.

[6]Spache, George, "Integrating Diagnosis with Remediation in Reading," Elementary School Journal 56, September, 1955,pp. 18-26

[7]Spache, George, Investigating the Issues of Reading Disability, p.436, Allyn and Bacon, Boston, 1976

[8]Vinsonhaler, op.cit., p.137

[9]Vinsonhaler, op.cit., p.161

[10]Carnine, Douglas and Silbert, Jerry, Direct Instruction Reading, pp. 6-8, Charles Merrill, Columbus, 1979

[11]Burmeister, op.cit., p.12

[12]See for example Beyer, Barry, Back to the Basics in Social Studies: Implications for the Classroom, Social Science Education Consortium, Boulder, 1977 and Stockhaus, Stuart, Selected Social Studies Skills: 88 Reinforcement lessons for Secondary Students, Social Science Education Consortium, Boulder, 1979 and Winston, Barbara J. and Charlotte C. Anderson, Skill Development in Elementary Social Studies: A New Perspective, Social Science Education Consortium, Boulder, 1977

[13]Palmer, Barbara C. and Virginia Brannock, "Specialized Reading Services," p.39, unpublished paper, Department of Childhood, Reading and Special Education, Florida State University, 1982

[14]Lunstrum, John P. "Reading in the Social Studies: A Preliminary Analysis of Recent Research," Social Education 40: 10-18, January, 1976 and Lunstrum, John P. and Bob L. Taylor, Teaching Reading in the Social Studies, International Reading Association, Newark, 1978

[15]Durkin, Delores, "Schools Don't Tech Comprehension," Educational Leadership, March, 1981, pp. 453-454 . See also "What Classroom Observations Reveal About Reading Comprehension," Reading Research Quarterly, No.4, 1978-79, pp. 481-538.

[16]Smith, Frederick and Karen M. Feathers, "Teacher and Student Perceptions of Content Area Reading," Journal of Reading, January, 1983, pp. 348-354.

[17]Lunstrum, John P. and Judith L. Irvin, "Integration of Basic Skills into Social Studies Content," Social Education, 45: 169-177, March, 1981

APPENDIX A

A. Topic: Direct Instructions

After an extensive review of the research literature on teacher effectiveness, Rosenshine summarized the variables that were associated with student academic success as "direct instruction."

> To give an overview of the results, direct instruction refers to high levels of student engagement within academically focused, teacher-directed classrooms using sequenced, structured materials. As developed below, direct instruction refers to teaching activities focused on academic matters where goals are clear to students; time allocated for instruction is sufficient and continuous; content coverage is extensive; student performance is monitored; questions are at a low cognitive level and produce many correct responses; and feedback to students is immediate and academically oriented. In direct instruction, the teacher controls instructional goals, chooses material appropriate for the student's ability level, and paces the instructional episode. Interactions characterized as structured, but not authoritarian; rather learning takes place in a convivial atmosphere.
>
> ----------Rosenshine, B.V., and Berliner, D.C. "Academic Engaged Time," British Journal of Teacher Education, 1978, 4, pp.3-16

The structure of direct instruction and research relating its effects are treated thoroughly in Carnine, Douglas and Jerry Silbert. Direct Reading Instruction, Charles Merrill, Columbus, 1979.

B. Topic: Continuous Diagnostic Testing with planned remediation

Another interesting approach which bears careful consideration was developed in rural Tennessee. In an effort to meet the problem of remediation of basic competencies (including reading, mathematic, spelling and language arts) with limited resources, a program of "continuous diagnostic testing with planned remediation in the student's area of greatest need" was developed. The results of the experimental study were "remarkable," according to the NASSP Bulletin Review*. In addition to the value of diagnostic testing and planned remediation significant gains in attitude were noted and considered significant.

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*For further information see a summary of the research in NASSP Bulletin, 66: 103-105, December, 1982. Detailed information may be found in Waddell, Raymond, "A Model for Developing Student Proficiency in Basic Minimum Competencies Through A Program for Continuous Assessment for Diagnostic Purposes with Involvement of All Teachers," Ph.D. dissertation Memphis (Tenn.) State University, 1981.

APPENDIX A
(continued)

C. Mastery Learning Approach*

The Exemplary Center for Reading Instruction (Salt Lake City, Utah) has developed a mastery learning approach (K-12) which differs from the group approach of Bloom or the personalized system of Keller.

See for example, Reid, Ethna, "Another Approach to Mastery Learning," Educational Leadership, November, 1980, pp.170-172

*The journal account cited above is impressionistic, lacking precise information but given the claims, ECRI merits some consideration. The consultant has written for a more detailed report which has not yet been received.

OEA: 5/23/83
ML/STEPHENSC 1 Read/Centers 1-15

APPENDIX B

Reading Clinic Services

North Area

Total served since September 1982	141
Typical number of services (weekly) (students receive services 4 times a week)	125

North Central

Total served since September 1982	121
Typical number of services (weekly) (students receive services 4 times a week)	100 - 115

South Central

Total served since September 1982	140
Typical number of services (weekly) (students receive services 4 times a week)	97 - 100

South Area

Total served since September 1982	175
Typical number of services (weekly) (students receive services 4 times a week)	95 - 120

APPENDIX C

1982-83 BUDGET
AREA READING CENTERS

	NORTH		NORTH CENTRAL		SOUTH CENTRAL		SOUTH	
PROGRAM 5582 AREA READING CLINICS								
4137 SECRETARY/CLERK	1	$ 8,410	1	$ 12,008	1	$ 10,917	1	$ 12,240
4144 TEACHER	3	$ 68,685	3	$ 73,185	3	$ 71,365	4	$ 87,014
4145 TEACHER AIDE/ASSISTANT	1	$ 8,306						
4149 TEACHER - SUBSTITUTE		$ 1,268		$ 1,268		$ 1,268		$ 1,690
4150 HOURLY EMPLOYEE				$ 5,225		$ 2,469		$ 2,469
SUB-TOTAL SALARIES	5	$ 86,669	4	$ 91,686	4	$ 86,019	5	$ 103,413
4510 SUPPLIES				$ 1,500		$ 4,179		$ 4,179
EMPLOYEE BENEFITS								
RETIREMENT & SOCIAL SECURITY		$ 14,491		$ 15,330		$ 14,383		$ 17,291
GROUP INSURANCE		$ 7,868		$ 6,268		$ 6,268		$ 7,868
SUB-TOTAL EMPLOYEE BENEFITS		$ 22,359		$ 21,598		$ 20,651		$ 25,159
TOTAL FUNCTION - 5582	5	$ 109,028	4	$ 114,784	4	$ 110,849	5	$ 132,751

SOURCE: T2101603,08/31/82

OEA: 5/25/83
ML/STEPHENSON.2 APPENDIX/C

The School Board of Dade County, Florida adheres to a policy of nondiscrimination in educational programs/activities and employment and strives affirmatively to provide equal opportunity for all as required by:

Title VI of the Civil Rights Act of 1964 - prohibits discrimination on the basis of race, color, religion, or national origin.

Title VII of the Civil Rights Act of 1964, as amended - prohibits discrimination in employment on the basis of race, color, religion, sex, or national origin.

Title IX of the Education Amendments of 1972 - prohibits discrimination on the basis of sex.

Age discrimination Act of 1967, as amended - prohibits discrimination on the basis of age between 40 and 70.

Section 504 of the Rehabilitation Act of 1973 -prohibits discrimination against the handicapped.

Veterans are provided re-employment rights in accordance with P.L. 93-508 (Federal) and Florida State Law, Chapter 77-422, which also stipulates categorical preferences for employment.